

Contents for Part 3

3.0. The Client Face Sheet	2
3.1. General Information about the Client Face Sheet	2
3.1.1. Updating the Client Face Sheet.....	2
3.2. Completion of the Client Face Sheet for a new applicant	3
3.2.1. Section A: Name and ID Numbers.....	4
Special Note Regarding PACE Applicants:.....	4
3.2.2. Section B: Assign Organizational Levels Responsible for Client.....	6
3.2.3. Section C: Personal Information	7
3.2.4. Section D: Goals / Referral Items (Complete at Intake Only).....	8
3.2.5. Section E: Contact Information:	8
3.2.6. Client Face Sheet Notebook Entries:.....	11
3.3. Auto population from Client Face Sheet to LOCET and MDS-HC:.....	12
3.3.1. Client Face Sheet Section A:.....	12
3.3.2. Client Face Sheet Section B:.....	12
3.3.3. Client Face Sheet Section C:.....	13
3.3.4. Client Face Sheet Section D.....	13
3.3.5. Client Face Sheet Section E:	14
3.4. Louisiana DHH Regions:	15
3.5 System Notebook.....	16



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

3.0. The Client Face Sheet

3.1. General Information about the Client Face Sheet

OAAS began using the system data base to house all demographic information regarding applicants in the late 1990s. Since then, various groups of recipients have been added to this data base. With the inclusion of Nursing Facility admission applicants on 12/01/2006 OAAS now houses information regarding all recipients of LT-PCS, ADHC waiver, EDA waiver and Nursing Facility services in the system data base.

A pivotal document in the data base for each applicant / recipient is the Client Face Sheet. The Client Face Sheet contains the demographic information necessary for identification of and contact with the individual.

Each applicant should have only one Client Face Sheet in the system. Although there may be multiple LOCETs and or MDS-HCs per person, there will be one Client Face Sheet per person in the System data base.

That one Client Face Sheet must be maintained with current data so that contact can be made with the applicant / recipient by referencing the Client Face Sheet.

Instructions in this manual focus on LOCET use of the Client Face Sheet. Discussion of Section B, "Assign Organizational Levels for Client," contains instructions for LOCET and MDS-HC use of the Client Face Sheet.

3.1.1. Updating the Client Face Sheet

With the exception of data found in Items D.1. through D.8., the Client Face Sheet must be maintained to show the most current information for the client. It is important to keep the information in the Face Sheet up to date. All updates as reported by clients or facilities must be recorded in the Client Face Sheet. Historical (old) data will be overwritten with the new data. The historical data will not be retained on the Client Face Sheet but will remain on related LOCETs which were completed at the time previous information was recorded. Please note that the MDS-HC does not contain contact information of any kind; therefore it is necessary to ensure that the Client Face Sheet remain updated at all times.



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

The rule of thumb for the Client Face Sheet is this:

The Client Face Sheet should contain the most current information relating to the applicant / recipient. With the exception of Section D.1 through D.8., old information must be overwritten with new information about the applicant / recipient. At the time of a Client Face Sheet update, a note should be entered in the Client Face Sheet Notebook indicating which section(s) of the Face sheet were updated.

Therefore, address changes, personal rep changes, and any other contact information changes should be overwritten in the Client Face Sheet so that current information is shown. Previous addresses, contact names, phone numbers, etc., will not be stored on the Client Face Sheet once they are overwritten. However, the Auto-Population feature of the system will allow for some previous demographic information to be stored on LOCETs which were created at the time of the original information. See Sections 3.3 through 3.3.5 for information on Auto-Population feature.

The software system will auto-populate in a “forward” direction only. That is, MDS-HCs and / or LOCETs which are already in the system at the time information is changed in the Client Face Sheet will not be affected by the changes made. However, any subsequent MDS-HCs or LOCETs will show the updated information such as Social Security Number and referral items (MDS-HCs) and address (LOCETs).

A detailed discussion of proper completion of each item on the Client Face Sheet begins in Section 3.2.

3.2. Completion of the Client Face Sheet for a new applicant

All applicants for Long Term Care Services must have a Client Face Sheet in the system. **A search must be completed using the client’s name and/or Social Security number to determine if the client already has been entered into the Master Client List in the system. If the applicant is not found by the searches using both name and Social Security number, a new Client Face Sheet must be added.**



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

If the applicant is found by this search, the Client Face Sheet must be thoroughly checked for accuracy of information and updated per instructions in Section 3.1.1.

Since LOCET is the first step toward eligibility for all Long Term Care Programs, most Client Face Sheets will be completed at the time of the first LOCET.



Special Note Regarding PACE Applicants:

The OAAS designated contractor will enter the PACE agency code number provided by OAAS state office to Section B.3 of the Client Face Sheet for the PACE agency the individual has chosen. All demographic information housed in the software system will be available to the PACE agency for viewing once the agency code number has been entered.

The following sections give specific instructions for the completion of a new Client Face Sheet for a LOCET applicant.

3.2.1. Section A: Name and ID Numbers

1. **Name of Client:** Enter the name of applicant as indicated.

2. **Case Record Number:** complete this item for LOCET-driven Client Face Sheet. This is reserved for MDS-HC use later.

3. Government Pension and Health Insurance Numbers

a. **Pension (Social Security) Number**

See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

READER'S KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

Enter Social Security Number of Applicant

b. Medicaid Number Enter Medicaid Number here if applicant has one. If the applicant has applied for Medicaid and the financial eligibility determination is still pending, enter a “1” in this field. Enter “0” if the applicant is not a Medicaid recipient or applicant.

CLIENT FACE SHEET			
The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.			
A. NAME AND ID NUMBERS			
*1. Name of Client	Jones	Sally	J
	a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
*2. Case Record No.	LEAVE BLANK FOR LOCET		
*3. Government Pension And Health Insurance Numbers	a. Social Security Number: 0 0 0 - 4 5 - 6 7 8 9 b. Medicaid Number ("1" if pending, "0" if not a Medicaid recipient): 9 9 9 9 9 9 9 9 9 9 9 9 c. Private Insurance Number and Name: B E S T I N S 6 2 1 6 7 d. Veterans Administration Number: _____ e. Medicare number (or comparable railroad insurance number): 0 0 0 2 9 1 2 3 4 D f. CCN: 9 9 9 2 3 4 5 6 7 8 9 1 2 3 4 5		

c. Private Insurance Number Enter Private Insurance number here if applicant has a private insurer. The name of the private insurer may also be abbreviated and entered here in the blocks. Leave blank if none

d. Veterans' Admin (VA) Number Enter the VA number here if the applicant has one.

e. Medicare Number Remember that a Medicare Number has nine numeric digits and an alpha suffix or an alpha-numeric suffix.

f. Card Control Number (CCN)

The Card Control Number is the 16-digit number found on the applicant's Medicaid card.



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

3.2.2. Section B: Assign Organizational Levels Responsible for Client

1. **First Level:** Program Name / Service: Enter “0” for Unassigned at this time. Please note that RFSR, PAS, and PCA are obsolete choices and may not be selected.



2. **Second Level:** Region Number: Enter the DHH

Administrative Region (number) where the

applicant resides. If the applicant is entering a Nursing Facility, the region number of the Nursing Facility will be entered here. See DHH Regions Table in Section 3.4.

B. ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT			
1.	First Level	Program Name/Service 0. Unassigned 1. ADHC 2. ECA 3. PCA 4. RFSR 5. LT-PCB 6. PAS 7. PACE 8. ARCP 9. NF	
2.	Second Level	Region Number	
3.	Third Level	Case Management/Program Agency	
4.	Fourth Level	MDS-HC Assessor	
5.	Fifth Level	Where Conducted 1. Home 2. Nursing Home 3. Hospital 4. IC/DD 5. PACE 6. ADHC 7. ARCP 8. Telephone	

3. **Third Level:** Case Management / Program Agency: For LOCET-driven Client Face Sheet completion, this level will be left blank **except in the case of a PACE Applicant**. In all other cases, this field is reserved for use of Case Management Agencies and / or other contracted agencies who will be interviewing the applicant later with use of the MDS-HC. **For a PACE Applicant, the Intake Analyst will enter the Pace Designator Number assigned by the OAAS in this field. This will allow the applicant's records to be accessed by the PACE facility.**

4. **Fourth Level:** MDS-HC Assessor: This will be left blank at the time of the LOCET. This field will be used at the time of the full MDS-HC Assessment for the program of choice.

READER'S KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

5. **Fifth Level: Where Interview Conducted:** Enter appropriate choice for location of LOCET interview. Choose “8” for “Telephone” if the LOCET is to be conducted by telephone interview.

3.2.3. Section C: Personal Information

C. PERSONAL INFORMATION			
*1. Gender	1. Male 2. Female		
*2. Birthdate	Month Day Year		
*3. Race / Ethnicity	(Answer All)		
	a. American Indian/Alaskan Native d. Native Hawaiian or other Pacific Islander		
	b. Asian e. White		
	c. Black / African Amer. f. Hispanic or Latino		
*4. Marital Status	1. Never married 3. Widowed 5. Divorced		
	2. Married 4. Separated 6. Other		
*5. Language	Primary Language		
	0. English 1. Spanish 2. French 3. Other		

1. **Gender:** Enter 1 if male, 2 if female.

2. **Birthdate:** Enter applicant’s 8-digit birthdate as indicated.

3. **Race / Ethnicity:** Answer no or yes for each item, a through f. Use 0 for no, 1 for yes.

4. **Marital Status:** Make appropriate Selection.

5. **Language:** Enter number for applicant’s primary language.

*6. Education (Highest Level Completed)	1. No schooling 5. Technical or grade school	
	2. 8th grade or less 6. Some college	
	3. 9 - 11 grades 7. Bachelor's degree	
	4. High school 8. Graduate degree	
*7. Responsibility / Advanced Directives	(Code for responsibility/advanced directives)	
	0. No 1. Yes	
	a. Client has a legal guardian	
	b. Client has advanced medical directives in place (for example, a do not hospitalize order)	

6. **Education (Highest Level Completed):**

Indicate highest level of applicant’s education.

7. Responsibility / Advanced Directives

a. **Client has a legal guardian:** Indicate yes or no (1 or 0) for this item. Remember that a legal guardian is a court-appointed guardian for an individual. A legal guardian and a personal representative are not the same.

b. **Client has advanced medical directives in place.** (for example, a do not hospitalize order): Indicate yes or no (1 or 0) for this item.



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

3.2.4. Section D: Goals / Referral Items (Complete at Intake Only)

1. **Date Case Opened / Reopened:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
2. **Reason for Referral:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
3. **Goals of Care:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
4. **Time since Last Hospital Stay:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
5. **Where Lived at Time of Referral:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
6. **Who Lived with at Referral:** Select choice which describes the applicant's living arrangement at the time of the LOCET interview.
7. **Prior NH Placement:** Leave Blank. This field will be used at the time of the MDS-HC assessment..
8. **Residential History:** Leave Blank. This field will be used at the time of the MDS-HC assessment.

3.2.5. Section E: Contact Information:

3.2.5.1. Client Contact Info:

Items a. through k. Complete fully, indicating the applicant's home address and other contact information. The applicant's home address must be entered here even if he/she is entering (or has entered) a Nursing Facility.



All phone / fax numbers must be in this format: xxx-xxx-xxxx



All e-mail addresses must have “ @ ” sign and proper format following the “ @ ” sign.

E. CONTACT INFORMATION				
1. Client Contact Info	a. Address 1:			
	b. Address 2:			
	c. City:	d. State:	e. Zip:	
	f. Home Tel:	g. Work Tel:		
	h. Pager Tel:	i. Fax Tel:		
	j. E-Mail:			
	k. Directions:			
	l. Facility:			
	m. Parish:			
	Mailing Address if Different From Primary Address:			
	n. Name:			
	o. Address 1:			
	p. Address 2:			
q. City:	r. State:	s. Zip:		



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.



Item 1.l: If the applicant is entering (or has entered) a Nursing Facility, the Nursing Facility's name will be entered in 1.l.



Item 1.m: Enter the parish of residence for the applicant. If the applicant is entering (or has entered) a Nursing Facility, the parish where the Nursing Facility is located will be entered in Item 1.m.

Item 1.n through 1.s: Enter the client's mailing address in these items only if it is different from the home address shown in Items 1.a. through 1.e. If the mailing address is the same as Items 1.a. through 1.e., leave Items 1.n through 1.s blank. Do not enter "Same" or "Same as above" or anything else in these items.

3.2.5.2. **Emergency Contact Info:**

Complete for the applicant's emergency contact. The Intake Analyst will complete as much information here as possible.

2. Emergency Contact Info	a. Name		
	b. Address 1		
	c. Address 2		
	d. City	e. State	f. Zip
	g. Home Tel	h. Work Tel	
	i. Cell Tel	j. Fax Tel	
	k. E-mail		



All phone / fax numbers must be in this format: xxx-xxx-xxxx



All e-mail addresses must have " @ " sign and proper format following the " @ " sign.



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

3.2.5.3. *Physician Contact Info:*

The applicant's primary physician's contact information will be recorded in this section. The intake analyst will ask for the applicant's physician information at this time if it is readily available. If this information is not readily available during the call (i.e., if the applicant/informant has to leave the phone to

3. Physician Contact Info	a. Name	
	b. Address 1:	
	c. Address 2:	
	d. City:	e. State:
	g. Home Tel:	h. Work Tel:
	i. Pager Tel:	j. Fax Tel:
	k. E-mail	

get the information), the informant should be told that the physician information can be sent by return mail when the written decision is sent to the applicant or personal representative. The absence of the Primary Physician information will not cause the LOCET to be considered incomplete. The intake analyst may enter this information at the time the Program Choice form is returned by the applicant or personal representative. If the applicant has other physicians who are currently treating the applicant for acute conditions, that additional contact information must be entered into the notebook associated with the Client Face Sheet.



All phone / fax numbers must be in this format: xxx-xxx-xxxx



All e-mail addresses must have " @ " sign and proper format following the " @ " sign.



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

3.2.5.4. Other Contact:

If an applicant has an additional contact person other than the emergency contact person shown in item E.2.a through E.2.l , OR, if the applicant has a personal representative, tutor, curator, power of attorney or other specially-designated contact, his/her information must be included in Item E.4.a. through E.4.k. This contact's designation (personal representative, tutor, curator, power of attorney or other) must be selected in Item E.4. using the numeric indicators shown. See Section 1.0 for definitions of these contact designations.

4.	Other Contact Info	Type of Other Contact 1. Personal Representative 2. Tutor 3. Curator 4. Power of Attorney 5. Other Specify:
a. Name		
b. Address 1		
c. Address 2		
d. City	e. State	f. Zip
g. Home Tel	h. Work Tel	
i. Pager Tel	j. Fax Tel	
k. E-mail		

3.2.6. Client Face Sheet Notebook Entries:

The Client Face Sheet Notebook will be used to record pertinent information regarding demographic data and other items which need to be recorded relative to the initial contact with the client.

3.2.6.1. Required Client Face Sheet Notebook Entries:

For telephone interviews, the informant's name and contact information must be recorded in the Client Face Sheet Notebook. This will enable an Audit reviewer who is conducting the Audit Interview to obtain the informant contact information without having to look at the LOCET document.



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

3.3. Auto population from Client Face Sheet to LOCET and MDS-HC:

CLIENT FACE SHEET
The Client Face Sheet contains fundamental information about the information from sections in the face sheet that are designated by an asterisk to the section number are automatically entered into the system.

A. NAME AND ID NUMBERS

1. Name of Client: a. (Last/Family Name) b. (First Name)

2. Case Record No.

3. Government Pension And Health Insurance Numbers:
a. Social Security Number
b. Medicaid Number ("Y" if pending, "N" if not a Medicaid recipient)
c. Private Insurance Number and Name
d. Veterans Administration Number
e. Medicare number (or comparable national insurance number)
f. CCN

Data from the following fields will auto populate in the system documents which are generated after the Client Face Sheet information is entered:

3.3.1. Client Face Sheet Section A:

Name and ID Numbers will auto-populate into Section AA of LOCETs which are created after this information is added / updated to the Client Face Sheet. This information will automatically lock once it has been populated into the LOCET. This feature will enhance file storage within the system. For this reason, it is very important that the correct name and identifying information be gathered on the Client Face Sheet prior to adding a new LOCET. If an error is made in this process, the newly added

LOCET may need to be deleted by a Systems Administrator. See further discussion in Section 3.3 of auto population and locking feature.

Name and Social Security number will auto-populate into MDS-HCs which are created after this information is added / updated to the Client Face Sheet.

3.3.2. Client Face Sheet Section B:

Assign Organizational Levels Responsible for Client. This information will populate onto MDS-HCs which are created subsequent to this information being entered in the Client Face Sheet.

Note: By OAAS policy, some of the information in Section B is reserved for MDS-HC assessors.

B. ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

1. First Level: Program Name/Service
0. Unassigned 5. LT-PCB
1. ADHC 6. PAD
2. EDA 7. PACE
3. PCA 8. ARCP
4. RFSR 9. HF

2. Second Level: Region Number

3. Third Level: Case Management/Program Agency

4. Fourth Level: MDS-HC Assessor

5. Fifth Level: Where Conducted
1. Home 6. PACE
2. Nursing Home 7. ADHC
3. Hospital 8. ARCP
4. ICFCO 9. Telephone



See Appendix A for **Nursing Facility User Instructions** relative to subject matter explained on this page.

At the time of a LOCET, Item B.1 should show “0.” See Section 3.2.2 for full instructions on proper completion of this section at the time of a LOCET.

When the contracted agency conducts a face-to-face MDS-HC relative to a specific service, the Client Face Sheet should be updated properly in all areas. Section B. is extremely important in that the information therein is used by the system to allow the applicants information to be viewed by the agency which needs that data. Leaving Section B with “old” (incorrect) information which only pertained to LOCET will cause problems for the applicant’s current agency of oversight.

At the time of an MDS-HC all information in Items B.1 through B.5. must be changed to reflect the current situation. See Section 3.1.1 for full instructions on updating a Client Face Sheet.

3.3.3. Client Face Sheet Section C:

Personal Information. This section will auto-populate to the MDS-HC which is generated after the entries are made into the Client Face Sheet. LOCET does not contain these fields.

3.3.4. Client Face Sheet Section D:

This section which shows Goals / Referral Items is completed at the time of the first MDS-HC assessment only. With the exception of Items D.9 and D.10 (Denial Date and Denial Reason) this information is auto-populated to any MDS-HC which is added after this information is included in the Client Face Sheet.

Section D is omitted at the time of a LOCET interview.

D. GOALS / REFERRAL ITEMS (Completed at Intake Only)	
1. Date Case Opened/Reopened	Month Day Year
2. Reason For Referral	1. Post hospital care 2. Community chronic care 3. Home placement screen 4. Eligibility for home care 5. Care Case 6. Other
3. Goals Of Care	(Code for client/family understanding of goals of care) a. No 1. Yes (Area) b. Skilled nursing treatments c. Monitoring to avoid complications d. Rehabilitation e. Client/family education f. Family respite g. Palliative care
4. Time since Last Hospital Stay	Time since discharge from last in-patient setting (Code for most recent discharge to LAST 180 DAYS) 0. No hospitalization within 180 days 1. Within next week 2. Within 8 to 14 days 3. Within 15 to 30 days 4. More than 30 days ago
5. Where Lived At Time Of Referral	1. Private homestay with home care services 2. Private homestay with home care services 3. Board and care / assisted living / CCFOOD 4. Nursing home 5. Other
6. Who Lived With At Referral	1. Lived alone 2. Lived with spouse only 3. Lived with spouse and other(s) 4. Lived with child (not spouse) 5. Lived with other(s) (not spouse or children) 6. Lived in group setting with non-relatives
7. Prior NH Placement	Resided in a nursing home at anytime during 5 YEARS prior to case opening 0. No 1. Yes
8. Residential History	Moved to current residence within last two years 0. No 1. Yes
9. Denial Date	Month Day Year
10. Denial Reason	Reasons for denial: 1. Level of Care not met 2. Immediate Risk criteria not met 3. Timely and complete packet not submitted by Nursing Facility

3.3.5. Client Face Sheet Section E:

This section, which shows contact information for the client, emergency contact, and physician contact, will populate and lock onto subsequent LOCETs.

E. CONTACT INFORMATION	
1. Client Contact Info	<div>a. Address 1:</div> <div>b. Address 2:</div> <div>c. City: <div>d. State:</div></div> <div>e. Home Tel: <div>f. Work Tel:</div></div> <div>g. Pager Tel: <div>h. Fax Tel:</div></div> <div>i. Email:</div> <div>k. Directions:</div> <div>l. Facility:</div> <div>m. Parish:</div> <div>Mailing Address if Different from Primary Address</div> <div>n. Name:</div> <div>o. Address 1:</div> <div>p. Address 2:</div> <div>q. City: <div>r. State:</div></div>
2. Emergency Contact Info	<div>a. Name:</div> <div>b. Address 1:</div> <div>c. Address 2:</div> <div>d. Home Tel: <div>e. Work Tel:</div></div> <div>f. Pager Tel: <div>g. Fax Tel:</div></div> <div>h. Email:</div>
3. Physician Contact Info	<div>a. Name:</div> <div>b. Address 1:</div> <div>c. Address 2:</div> <div>d. City: <div>e. State:</div></div> <div>f. Home Tel: <div>g. Work Tel:</div></div> <div>h. Pager Tel: <div>i. Fax Tel:</div></div> <div>j. Email:</div>

3.4. Louisiana DHH Regions:



(Find the parish in which the applicant resides on the table below; note the designated DHH Region that corresponds with the parish in “B.2. of Client Face Sheet.)

<i>Parish</i>	<i>DHH Region</i>	<i>Parish</i>	<i>DHH Region</i>	<i>Parish</i>	<i>DHH Region</i>
Acadia	4	Iberia	4	St. Charles	3
Allen	5	Iberville	2	St. Helena	9
Ascension	2	Jackson	8	St. James	3
Assumption	3	Jefferson Davis	5	St. John the Baptist	3
Avoyelles	6	Jefferson	1	St. Landry	4
Beauregard	5	Lafayette	4	St. Martin	4
Bienville	7	Lafourche	3	St. Mary	3
Bossier	7	LaSalle	6	St. Tammany	9
Caddo	7	Lincoln	8	Tangipahoa	9
Calcasieu	5	Livingston	9	Tensas	8
Caldwell	8	Madison	8	Terrebonne	3
Cameron	5	Morehouse	8	Union	8
Catahoula	6	Natchitoches	7	Vermilion	4
Claiborne	7	Orleans	1	Vernon	6
Concordia	6	Ouachita	8	Washington	9
DeSoto	7	Plaquemines	1	Webster	7
East Baton Rouge	2	Pointe Coupee	2	West Baton Rouge	2
East Carroll	8	Rapides	6	West Carroll	8
East Feliciana	2	Red River	7	West Feliciana	2
Evangeline	4	Richland	8	Winn	6
Franklin	8	Sabine	7		
Grant	6	St. Bernard	1		

3.5 System Notebook

Each document within the software system houses a notebook section. This area will be used to add information which is pertinent to the document or to expound on additional documentation. For a LOCET, these entries will be those special situations for which a LOCET Indicator Code has not been established, or for any pertinent information regarding the LOCET answers for the applicant.

In the event of an interrupted call, the Intake Analyst must make a short notebook entry describing the reason the call was interrupted and also mention the last item completed.

Any additional information requested from the applicant or personal representative should be documented in the notebook.

Any notes which are considered important to the history of the case should also be included in the Notebook.



To access the System Notebook for the client, select the client after conducting a client search and press “View Notebook” from the Left Navigation buttons. This will open the Notebook attached to that client’s Client Face Sheet.

To access the System Notebook for the client’s LOCET (or MDS-HC), complete a client search, select the client name near the top of the screen, then press “LOCET” (or “MDSHC”) from the Left Navigation buttons. Then select the specific LOCET (or MDSHC) from the lower portion of the screen (the LOCET [or MDSHC] Assessment Grid display) and then click on “View Notebook” from the Left Navigation buttons.

This will open the notebook which is attached to that specific LOCET (or MDSHC) and will display all entries made thus far in this record.

Additionally, the user will have access to a blank notebook entry which is ready to be filled. The user will note his / her name and the current date / time at the top of the blank entry. These entries are automatically generated by the

software system and will be a permanent part of any note which is saved. The diagram shown is an example of the proper manner of correcting a recorded entry.

